



Argyll and Bute Council
Chief Social Work Officer
Annual Report
2015/16

Louise Long
Head of Service – Children & Families and Criminal Justice
Chief Social Work Officer
July 2016

1. Introduction

Every day Social Services deliver essential support to some of our most vulnerable people in Argyll and Bute. This support is wide ranging and encompasses services delivered by statutory and private organisations. Services are provided for people at all steps of life and in all kinds of circumstances. Social Work also assess and manage risk and provides public protection by intervening to protect and support our vulnerable people.

The British Association of Social Work's vision clearly articulates the purpose of the Social Work Service:

'Social Work is a practice based profession and an academic discipline that promotes social change. Principles of social justice, human rights, collective responsibility and respect for diversities are central to Social Work'

The vision stresses the unique contribution Social Services make to our communities. It is one of the few services delivered by Argyll and Bute Council 24 hours a day, 7 days per week. Staff work tirelessly within a changing policy landscape to deliver good quality services that identify, support and protect. As a Council and a community we have a responsibility to our most vulnerable, a responsibility that is held individually and collectively. Social Work services are delivered on the Council's behalf by a skilled and valued workforce who work to empower, support and protect.

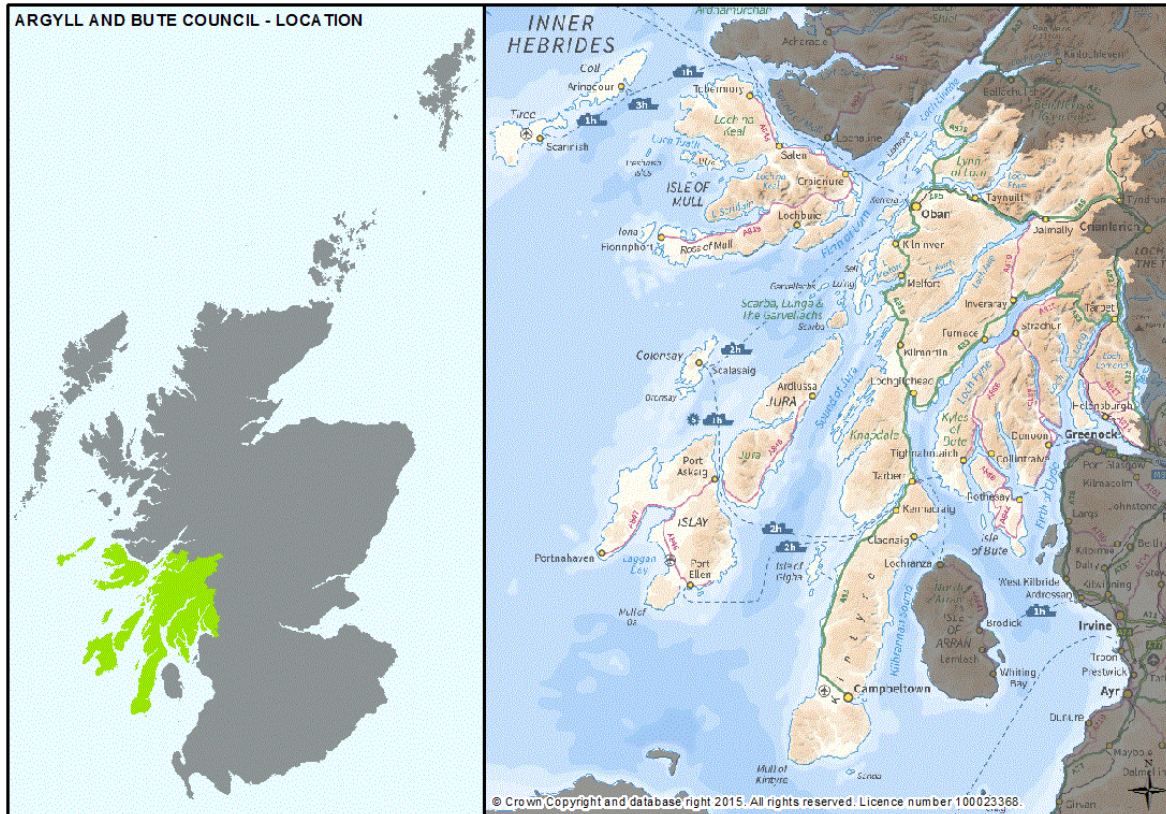
This year's report is written within increasing demands and expectations, new legislation both national and local policy drivers impacting on Social Services to deliver more with less. Significant developments in Health and Social Care Integration, new powers and duties in respect of the Children and Young People's Act, the Carer's Act and preparations for major changes in Criminal Justice Services have been the focus for this year's work.

This level of change is unprecedented and whilst we have a great opportunity to change how we deliver and improve outcomes, we all need to be alert to our ongoing responsibility for Social Work services.

Despite the considerable changes in governance, structure and organisations arrangements this year to prepare for Health and Social Care integration this year, staff have continued to work together to deliver improvements. It is indeed credit to our dedicated workforce that they have continued to deliver improvement in a period of considerable change.

In Argyll and Bute, Social Work services have played a central role in managing Early Year's services. In 2015 the Early Years' Service moved to Education, however the strong leadership and partnership working will continue to deliver early identification and support to families

The Joint Inspection of Older People's Services took place in 2015 and a positive inspection report was delivered. With areas of strengths and improvement identified through the grading of seven adequate and two goods. The partnership has been working on a series of improvement actions to address the eleven recommendations made.



Argyll and Bute is the second largest local authority by area in Scotland, after Highland. The authority covers a land area of 690,947 hectares, Argyll and Bute has the third sparsest population (averaging just 13 persons per square kilometre) of Scotland’s 32 local authorities (Census 2011).

The landscape is characterised by long sea and freshwater lochs, peninsulas and islands. The physical geography of the area adds considerably to the journey times between settlements and communities. The limited road network makes the area vulnerable to disruption, and diversions tend to be long. Island communities are vulnerable to ferry disruptions, particularly in the winter months.

Argyll and Bute has 23 inhabited islands, more than any other Scottish local authority. These are: Bute; Coll; Colonsay; Danna; Easdale; Eilean da Mheinn; Erraid; Gigha; Gometra; Inchtavannach; Innischoonan; Iona; Islay; Jura; Kerrera; Lismore; Luining; Mull; Oronsay; Seil; Shuna (Luining); Tiree; Ulva (Census 2011).

- Helensburgh and Lomond
- Mid Argyll, Kintyre and Islay
- Oban, Lorn and the Isles
- Bute and Cowal

1.1 Population

Argyll and Bute has a total population of 86,890 .The population profile for Helensburgh and Lomond is younger than for the other three Administrative Areas. Nonetheless, the

population of Helensburgh and Lomond, in common with populations across the rest of Argyll and Bute, is ageing.

The population projections for Argyll and Bute indicate a gradual and sustained reduction in the number of children and young people aged 0-16 and an increasing population of older people over a projection period between 2012 to 2037.

Table 1: Projected population for Argyll and Bute, compared to NRS 2014 Mid-Year Estimate

Age cohort	Base year 2012	MYE 2015	NRS 2012-based population projections				%change within cohort (2012-2037)
			2015	2020	2030	2037	
0-15	14,069	13,292	13,259	12,806	12,173	11,488	-18%
16-24	8,260	8,705	8,347	7,368	6,264	5,870	-29%
25-44	19,726	17,280	16,670	16,122	15,846	14,842	-25%
45-64	26,490	26,289	25,807	24,277	18,838	16,261	-39%
65-74	11,328	12,020	11,958	12,161	12,197	11,474	1%
75+	8,827	9,304	9,469	10,797	13,896	15,248	73%

(Sources: NRS 2012-based population projection (principal projection); NRS 2015 Mid-Year Estimates)

The NRS 2012-based projections highlight the demographic challenge facing Argyll and Bute. If current trends continue, absolute numbers and proportions of older people will increase as numbers and proportions of people in younger age cohorts will fall.

1.2 Economy

Argyll and Bute's economy is predominantly service-based. 85.9% of employee jobs in the area are provided within the service sector (ONS Business Register and Employment Survey 2014). Argyll and Bute has relatively high levels of employment in accommodation and food services, and low levels of employment in manufacturing and finance. The proportion of employee jobs within the public sector is higher in Argyll and Bute than the national average.

Unemployment rates in Argyll and Bute are below the Scottish average although, because of the high levels of seasonal employment in the area, rates vary according to time of year. Gross Value Added (GVA) figures show that Argyll and Bute's economy is performing less strongly than the Scottish average.

The Faslane naval base is the largest single site employer in Scotland. The MOD directly employs some 4,750 people in Argyll and Bute (3,390 military personnel and 1,360 civilians) (MOD, Quarterly location statistics: 1 April 2016). The age profile of the military personnel lowers the average age of the population in Helensburgh and Lomond, and produces a noticeable bulge in younger working-age male cohorts in the area.

1.3 Deprivation

The SIMD 2012, produced by the Scottish Government, identifies small-area concentrations of multiple deprivation across Scotland. The SIMD is produced at datazone level, with datazones being ranked from 1 (most deprived) to 6,505 (least deprived).

According to SIMD 2012, the most recent version of the index, 10 datazones within Argyll and Bute were in the 15% most overall deprived datazones in Scotland.

These ten datazones are located in Argyll and Bute's main towns:

- Two each in Helensburgh, Rothesay and Campbeltown
- Three in Dunoon
- One in Oban

The SIMD identifies concentrations of deprivation. Because the SIMD identifies concentrations of deprivation, smaller pockets and instances of individual deprivation are not picked up by the index. Deprivation can, and does, occur outside of the most deprived data zones.

Patterns of deprivation vary by deprivation domain. A particular contrast can be seen between levels of access deprivation, which affects most of rural Argyll and Bute and levels of deprivation across other SIMD domains, which show higher levels of deprivation in the towns.

2. Community Planning Partnership

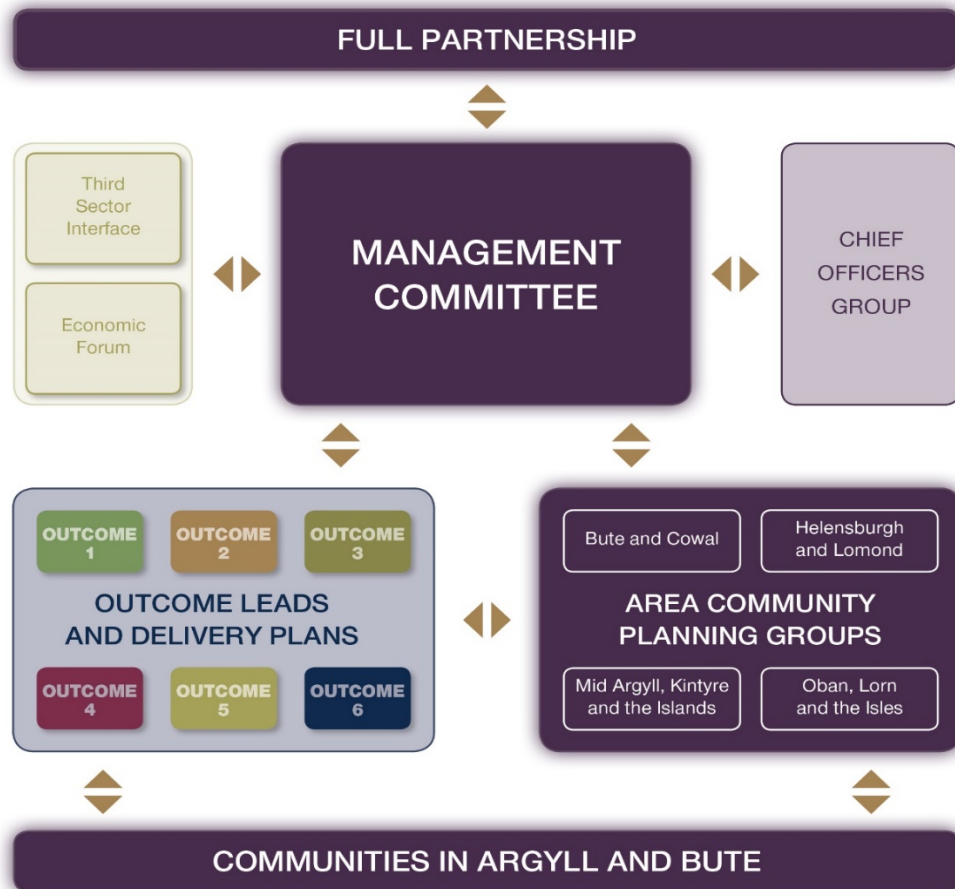
The Argyll and Bute Community Planning Partnership is designed to provide strong multi-agency leadership in order to deliver the best possible outcome for the people of Argyll and Bute.

The Partnership is supported to deliver outcomes by six outcome delivery groups which take forward the key strategic priorities of the partnership.

The Outcome Delivery Groups are given direction, challenge and support from the Community Planning Partnership Management Committee which provides the key link between strategy and delivery of local outcomes for our communities. Four Area Community Planning Groups consider local issues of relevance to the outcome of the Partnership and feedback on these to both the Outcome Delivery Groups and the Management Committee through regular agenda items at each.

The CPP has a Full Partnership Board this meets annually and considers overall progress and direction.

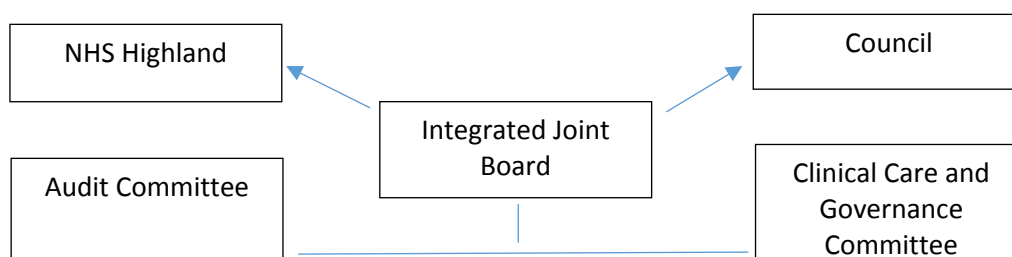
Community Planning Partnership



- 1 **Outcome 1:** The economy is diverse and thriving
- 2 **Outcome 2:** We have infrastructure which supports sustainable growth
- 3 **Outcome 3:** Education, skills and training maximises opportunities for all
- 4 **Outcome 4:** Children and young people have the best possible start
- 5 **Outcome 5:** People live active, healthier and independent lives
- 6 **Outcome 6:** People live in stronger and safer communities

2.1 Strategic Implications

As well as the corporate plan, single outcome agreement (now known as LOIP) the 3 year strategic plan for the HSCP has been developed across 15/16 in preparation for integration. A new integrated management structure has been put in place as well as a new governance structure. From 1st April the structure will be:



3. Health and Social Care Partnership

In 2015/16 shadow board for Integrated Joint Board was established and an integrated management structure created. On 1st April the Argyll & Bute HSCP has set out an ambition to implement “Locality Planned, Owned and Delivered” arrangements which will:

- Understand health and care needs of our communities
- Bring together partners to plan within a strategic framework to meet needs and achieve national outcomes
- Organise and deliver services in local areas which are integrated of high quality, safe, appropriate, sustainable and continually improving.
- Operate within budgets, complying with care, workforce, and audit standards
- Manage performance ensuring this is informed by service user and public involvement and feedback
- Be the local focus for service delivery and support to the population or communities within the area concerned.

To support these local arrangements early work has been undertaken in defining localities across Argyll and Bute, based on the 2011 data-zones with a correction for Colonsay. The eight localities are identified as:

HSCP locality	Areas covered
Bute	Isle of Bute
Cowal	Lochgoilhead, Strachur, Tighnabruaich, Dunoon
Helensburgh and Lomond	Helensburgh, Kilcreggan, Garelochhead, Arrochar
Mid-Argyll	Tarbert, Lochgilphead, Ardfern, Inveraray,
Kintyre	Southend, Campbeltown, Muasdale, Carradale (including Gigha)
Islay and Jura	Isles of Islay and Jura
Oban, Lorn	Easdale to Oban, to Port Appin to Dalmally, Lismore and Kerrera
Mull, Iona, Coll, Tiree and Colonsay	The Isles of Mull, Iona, Coll, Tiree and Colonsay

3.1 Partnership Structure/Governance Arrangement

The CSWO is required to ensure the provision of appropriate professional advice in the discharge of local authorities' statutory duties. Overall, the role is to provide professional governance, leadership and accountability for the delivery of Social Work services whether these are provided or purchased from voluntary and private sector. In addition there are a small number of specific duties and final decision such as Adult with Incapacity, Looked after Children and Secure Accommodation which must be made by the CSWO.

CSWO has clear lines of accountability and reported to Executive Director of Community Services and now the Chief Officer of the Health and Social Care Partnership. During 2015/16 the CSWO met regularly with the Executive Director of Community Services to discuss policy, strategic development, workforce development and complex operational issues. The Head of Adult Care (East) deputises for the CSWO. In addition there are regular scheduled meetings with the Chief Executive and Heads of Service to ensure the Chief Executive is advised of any matters in respect to the statutory functions of social work.

The CSWO has the responsibility to directly advise Council on any areas that she feels may be significant risks to Argyll and Bute. Elected members leadership and governance of SWS is divided between, Community Service Committee, Audit Committee, Performance Scrutiny Committee. In April 2016 this moved to the Integration Joint Board.

In respect of Public Bodies Act, the CSWO has played a role in developing the integration scheme including the development of new Clinical Care Governance arrangements to ensure appropriate mechanisms are in place to support safe, client centred practise. The CSWO has had a lead role in the development of the Clinical Care Governance framework which provides governance and reassurance to the Integrated Joint Board. The CSWO is a professional adviser to the Integrated Joint Board.

3.2 Specific Decisions by the CSWO

Across 2015/16 in addition to chairing level 3 MAPPA, the CSWO is the legal guardian for 48 people within Argyll and Bute. The CSWO has made specific decisions on behalf of the Council in respect of following:

- 2 Secure accommodations
- 12 Permanence Orders
- 4 Adoption Allowance
- 5 Permanent foster carers
- 4 Temporary foster carers
- 4 Kinship carers
- 4 Prospective adopters
- 8 Carer removal (retirements, move to adoptive carers)
- 22 Variations to Compulsory Supervision Orders for Looked after Children to be moved

There has been ongoing recruitment of foster carers to provide placements for Looked After Children. The number of foster carers moving to permanently caring for children has increased.

3.3 Welfare Guardianship Orders

Mental Welfare Commissions guidance on Deprivation of Liberty using 13ZA has contributed to an increase of private applications. The rise has created pressures within the Community Mental Health Team as each order requires the input of Mental Health Officer (MHO) however this has been managed within the current resource. In 2015/16 there has been 14 new guardianships granted

4. Finance

There is a history of good strong financial management within the Social Work service. However, it is a needs-led service and there is always potential for volatility. Across the Council all services have achieved 1% efficiency savings in 2015/16.

4.1 Adult Services

Adult Services demand for service continues to rise. A particular challenge is the over 75 population growing faster than anywhere else and this puts considerable pressure on elderly care budgets. In 2015/16 the overspend of £1m for Adult Services can be attributed to the high demand for homecare and external care home placements.

Argyll and Bute Council and NHS Highland used the 3 year Integrated Care Fund provided by the Scottish Government to reduce avoidable admissions to hospital, improve accelerate discharge from hospital, develop carers services and resilience in communities. In 2015/16 the reported emergency admission increased from 71,018 bed days to 77,924 bed days. It is important that the focus of the new Health and Social Care Partnership Strategic Plan focusses on ensuring that only sick people are in hospital.

4.2 Children and Families and Criminal Justice

Criminal Justice finance is ring fenced funding given through Community Justice Authorities. The finance formula is based on workload and takes no consideration of rurality. Criminal Justice is delivered in partnership with East and West Dumbarton. In 2015/16 the partnership was overspent by £147K with Argyll and Bute meeting 1/3rd of this at a cost of £47K. Year on year Criminal Justice services are overspent. To deliver a service in Argyll and Bute there is a minimum number of staff required to service the courts and ensure good public protection.

4.3 Children and Families

The financial impact of Children and Young People (Scotland) Act has seen significant increase in funding required to deliver on statutory duties within the Act. In October 2015 parity for kinship carer and foster carers was introduced so that kinship carers receive the

same support and financial compensation as foster carers. The Scottish Government and Council have provided financial support for kinship carers, while this financial assistance will meet needs initially it is unlikely to meet the demands associated with projected growth in this area. The financial impact of Part 10 and 11 of the Act will put pressure on the whole system to provide support to Looked After Children up to age 25. With increased costs of internal and external placements the amount allocated to the Council is unlikely to meet increasing costs over next 3 years.

Budget and Expenditure

Adult Services	2013/2014	2014/2015	2015/2016
Net Expenditure	£41,446,939	£42,962,573	£43,856,731
Children and Families and Criminal Justice	2013/2014	2014/2015	2015/2016
Net Expenditure	£11,564,637	£11,890,646	£13,359,272

Between 2014/15 to 2015/16 Argyll and Bute has increased expenditure on Adult Services by £894k

Between 2014/15 to 2015/16 Argyll and Bute has increased expenditure on Children and Families services by £1,469k, however £1,424k of this was a reallocation of the administrative resource from Adult Services to Children and Families.

Overall spend on net Social Work Service in Argyll and Bute as a proportion of net Council Services spend was 25%.

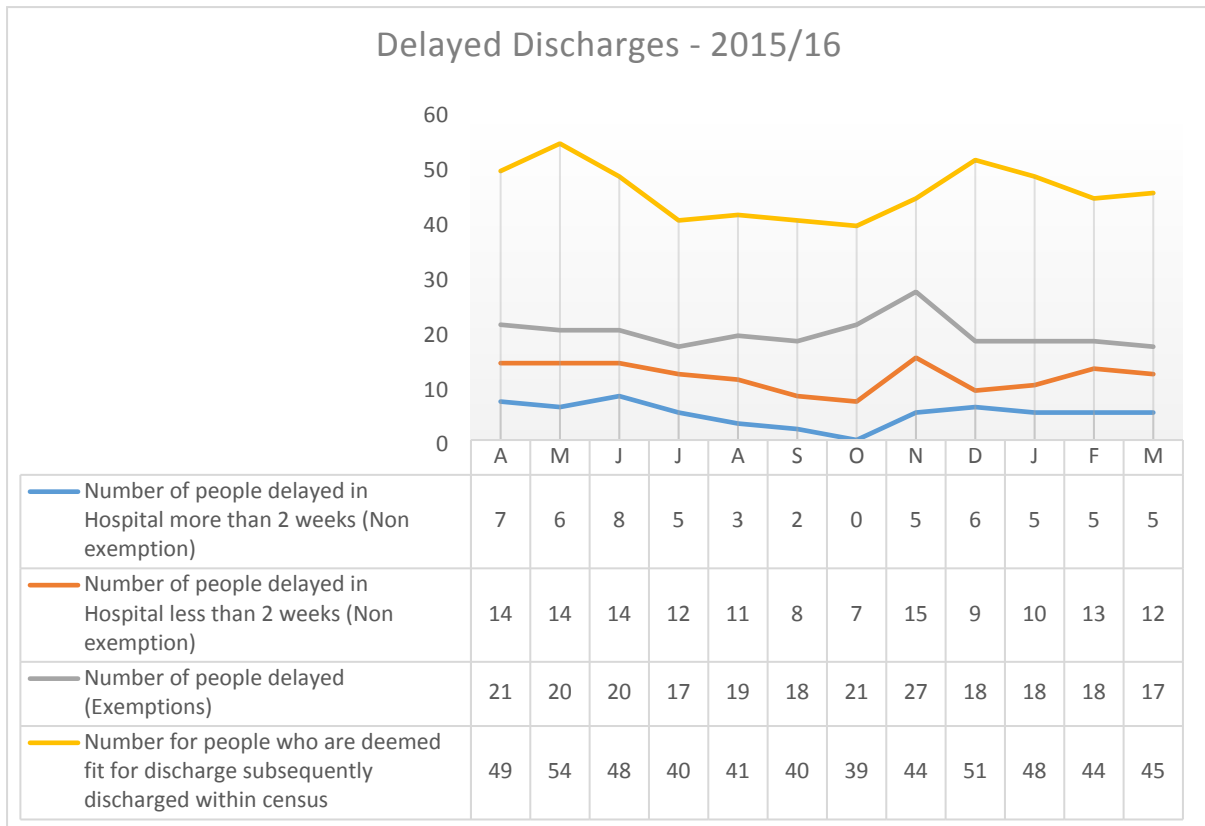
5. Services within Adult Care

There are 5 Area Team's delivering assessment and care planning across all vulnerable adult groups within Argyll and Bute. The teams focus is public protection for vulnerable groups and ensuring that those who can be cared for in the community are supported appropriately.

5.1 Delayed Discharges

Sustaining a high level of performance in Delayed Discharge at a time when the number and dependency levels of those service users coming through the system continues to increase while recruitment into home care and key NHS community posts becomes increasingly problematic.

Argyll and Bute Adult Care Services monitors the total number of delayed discharge adults within hospitals from Argyll and Bute Area who are medically fit for discharge. This includes Complex Needs Codes 9, 9/51X and 9/71X. As at March 2016, Argyll and Bute performed 18th out of the 32 Local Authorities.



5.2 Care at Home

Argyll and Bute social work services have continued to support an increasing number of people to live at home, reporting year on year increases in the number of people aged 65+ directly receiving homecare. This peaked at 1097 in 2014/15, however the 2015/16 snapshot reported a slight decrease (7.1%) to 1019. This is associated with the success of our Re-ablement and Extended Community Care Team services, but does not indicate any reduction in demand for Care at Home Services. The proportion of care at home provision in terms of Personal Care remains significantly high.

The Number of Service Users awaiting a Homecare service has increase from 2 to 37 reflecting issues with care provision in certain areas within Argyll and Bute.

Homecare Data	2013/14		2014/15		2015/16	
Number of people aged 65+ receiving homecare	1,070		1,097		1,019	
Total volume of service Total No homecare hours per 1000 population aged 65+	10,650	540.9	10,726	520.2	10,357	490.6
No and % in receipt of : Personal care	1,064	99.1	1,066	97.2	1,001	98.2

5.3 Residential Care Home

In conjunction with supporting more people to live at home, social work services have focussed on managing a reduction in the number of people across the age groups, admitted to care homes. However, over the last three years the overall number of admissions has increased slightly from a total of 550 in 2013/14 to 566 in 2015/16, reflecting increasing demands for older peoples services in Argyll and Bute.

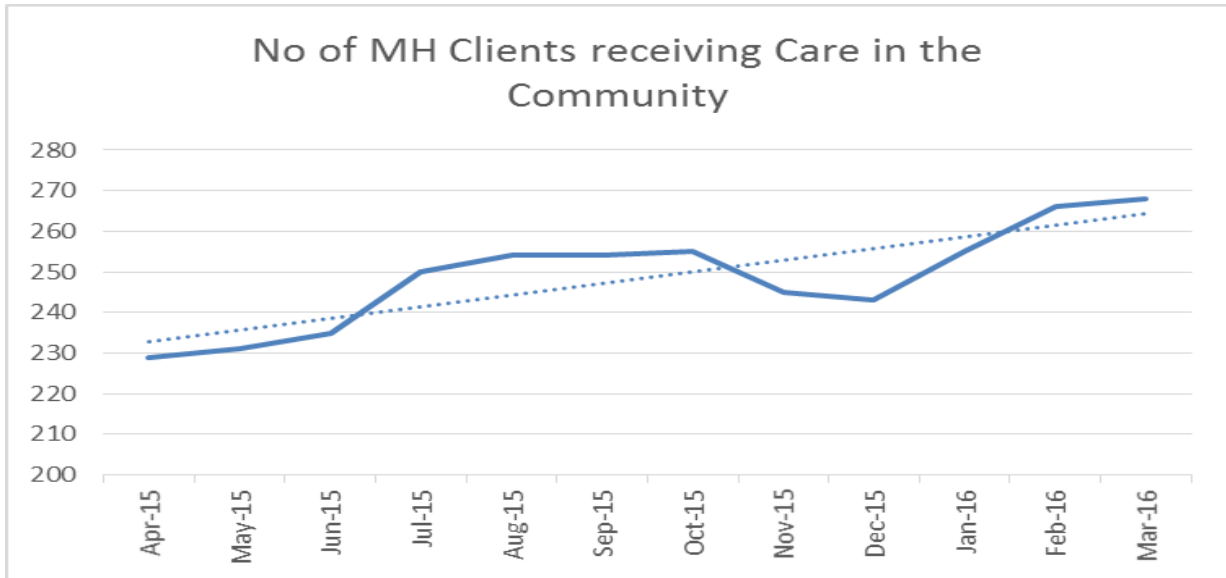
Care Homes	2013-14			2014-15			2015-16		
Number of Permanent / Long Stay Residents Supported in Care Homes	18-64	65+	Total	18-64	65+	Total	18-64	65+	Total
Older People	0	503	503	0	509	509	0	518	518
Physical Disability	2	0	2	1	0	1	1	0	1
Learning Disability	29	3	32	32	3	35	29	2	31
Mental health	2	1	3	1	1	2	3	1	4
Other	10	0	10	13	0	13	12	0	12
Total	43	507	550	47	513	560	45	521	566

5.4 Day Care Provision

Day Care is provided across localities using a traditional model of day care. People visit a central base and are provided with activities. The day care services are provided for older people and adults with learning disabilities. Older people's day care provision is currently under-utilised. The challenge moving forward is to re-design services and create more personalised approaches to care and support.

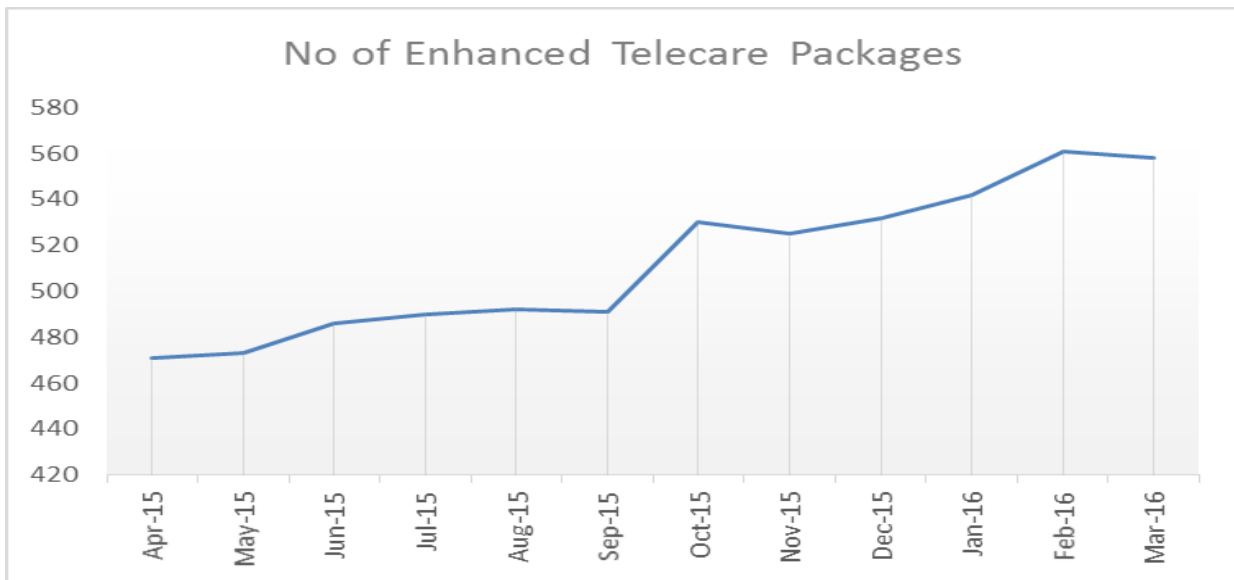
5.5 Mental Health Services

2015/16 has shown a sustained increase in the number of mental health service users being supported in the Community, increasing from 229 in April 2015 to 268 in March 2016 (an increase of 39 (17%)). This can be attributed mainly to the early co-location and integration of the MH health and community care teams and has been a positive model of collaborative working with Argyll and Bute.



5.6 No of Enhanced Telecare Packages

There has been a significant increase in the number of service users in receipt of Enhanced Telecare during 2015/16. Enhanced telecare packages offer a range of sensors, alerts and reminders that play a key role in enabling people to remain safely in their own homes and communities. Some packages can be remotely monitored via web-based technology, reassuring relatives or alerting professional carers to specific needs e.g. wandering.



5.7 Self-Directed Support

Self-directed Support (SDS) is about giving people more choice and control over how their support services are designed and making sure they receive support that meets their needs. It allows people to choose how their support is provided to them by giving them as much ongoing control as they want over the money spent on their support.

Direct Payments (DPs) are one of the ways of getting SDS. DPs have been around a lot longer – before SDS offered choice and control through other mechanisms. Our assessment staff continue to offer all the options under SDS legislation which includes access to direct payments for children, adults and older people.

5.8 Drug and Alcohol Services

In November 2015 Argyll and Bute Alcohol and Drug Partnership (ADP) became the first ADP in Scotland to engage an Independent Chair. This approach is being watched closely by both the Scottish Government ADP Support Team and other ADPs across Scotland who are considering following a similar model. Within the first six months of the engagement of the Independent Chair the ADP has undergone significant change in their structure and process. This has allowed an opportunity for a widening of engagement with service deliverers, service users and families.

Within the last year the ADP has started a number of key strategic reviews in partnership with National Drug and Alcohol Agencies. Central to this the ADP has taken the opportunity to look internally and tackle some of the partnership's persistent issues. Working alongside Scottish Recovery Consortium the ADP has acknowledged some of the key barriers to effective partnership and begun the lengthy process of overcoming these.

The Scottish Drugs Forum (SDF) have worked closely with the ADP partners on the first stages of developing a Recovery Oriented System of Care (ROSC). When completed this will establish a clearly understood partnership pathway which ensures all drug and alcohol service users are provided with services within a structure where these services communicate and service users can be supported on their recovery journey by which ever services best support their specific needs.

The ADP has also brought in Scottish Families Affected by Alcohol and Drugs (SFAD) to undertake a first stage review of young people's drug and alcohol services in Argyll and Bute. This review was supported by Children and Families Services, the Education Department and Youth Services as well as a wide range of independent and third sector services deliverers across Argyll and Bute. The resulting report will form part of a wider service planning process for young people's drug and alcohol services in Argyll and Bute.

In addition to the above work the ADP has also engaged Figure 8 Consultancy Services to undertake a consultation with service users and their families with a view to establishing both Service User and Family engagement processes. When complete this will ensure that the people at the centre of the ADP's delivery strategy are those who the ADP are aiming to support.

ADACTION began delivering services across Argyll and Bute to those with a substance misuse issue, this is a commissioned service from the Alcohol and Drug Partnership.

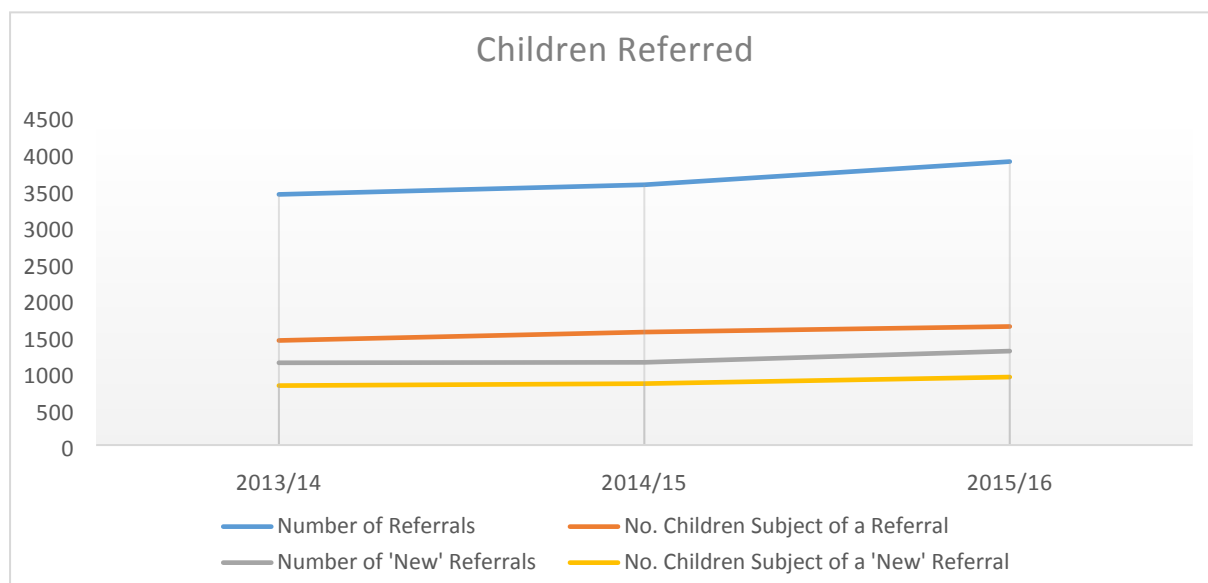
6. Children and Families

The number of children and families supported by Social Work continues to steadily increase with the number of looked after children and child protection, kinship placements activity.

Argyll and Bute is in contact with almost all its care leavers. This can be attributed to our excellent throughcare team who provide support to our young people. The £171,000 provided to support continuing care is being used to develop and enhance staffing to support ex care leavers. However there is a significant risk that this funding will not meet the needs in the three next years and the implications will need to be considered by the Integrated Joint Board and the Council.

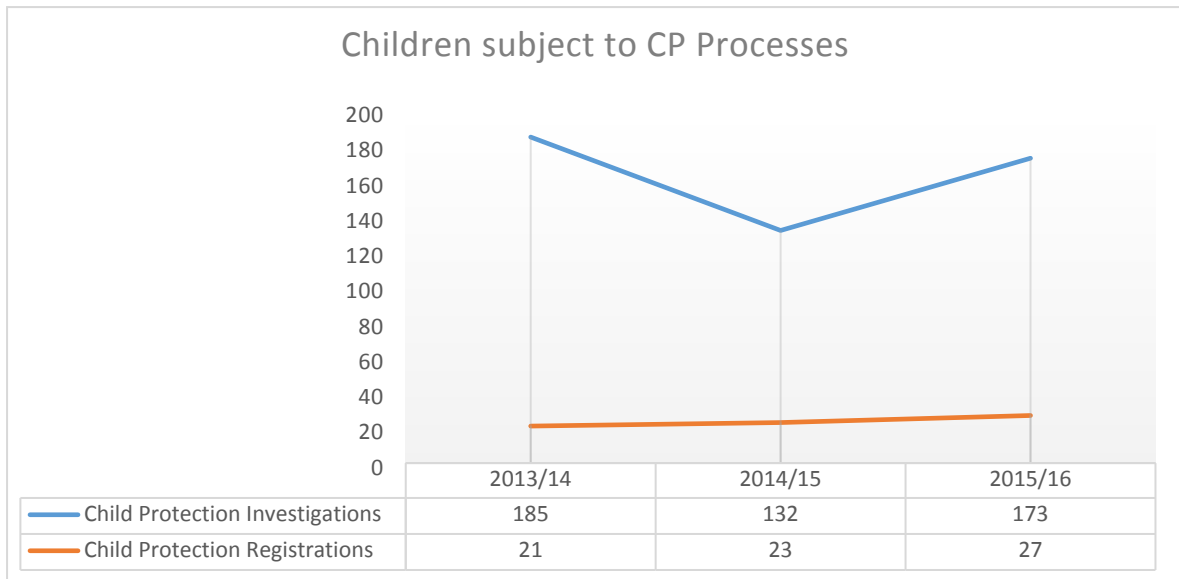
6.1 Number of Children Referred

The number of new referrals to Children and Families has increased by 13.6% (154) in 2015/16 from 1131 to 1285. This trend is confirmed by the increase in the number of children subject of a new referral (10.7%) over the same period. Children and families continue to work with the majority of children and their families on a voluntary basis.

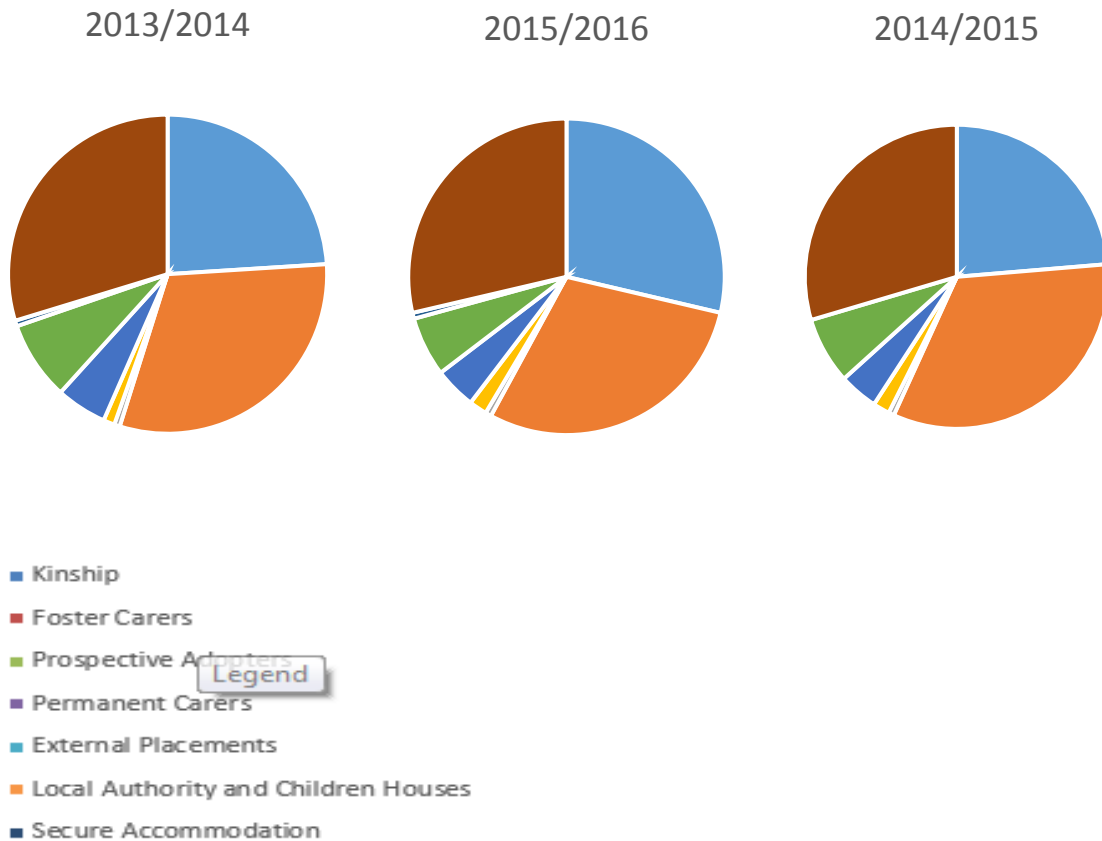


6.2 Number of Children Subject to Child Protection Processes

The number of Child Protection Investigations has increased by 41 in 2015/16 from 132 to 173. While there has been an increase since 2014/15 the figures have remained relatively static over the past 3 year period. CP Registrations remain low at 27, and in 2015 Argyll and Bute was ranked 22nd of the 32 Scottish local authorities, in terms of registration rate/1,000 population aged 0-15.



The number of Accommodated Looked After Children as at 31st March 2016:



Argyll and Bute was ranked 20th of the 32 Scottish local authorities for percentage of the 0-17 population looked after on 31 July 2016 (1.1%), and this was below the 1.5% for Scotland overall.

Argyll and Bute was ranked 8th of the 32 Scottish local authorities for LAC accommodated in a foster care provided by the LA (31%), and performed well against Scotland overall of 25%.

The number of children referred to SCRA is reducing in line with national trend.

Looked After Children - Attainment

2014	1+ SCQF Level 3 or Better	5+ SCQF Level 3 or Better	5+ SCQF Level 4 or Better	5+ SCQF Level 5 or Better	1+ SCQF Level 6 or Better	3+ SCQF Level 6 or Better	5+ SCQF Level 6 or Better	1+ SCQF Level 7 or Better	English	Maths	English & Maths	S4 Cohort Roll
S4 – S6 Looked after	26 – 50.98%	11 – 21.57%	10 – 19.61%	* - 7.84%	* - 11.76%	* - 5.88%	* - 0.00%	* - 3.92%	19 – 37.25%	16 – 31.37%	11 – 21.57%	
2015	1+ SCQF Level 3 or Better	5+ SCQF Level 3 or Better	5+ SCQF Level 4 or Better	5+ SCQF Level 5 or Better	1+ SCQF Level 6 or Better	3+ SCQF Level 6 or Better	5+ SCQF Level 6 or Better	1+ SCQF Level 7 or Better	English	Maths	English & Maths	S4 Cohort Roll
S4 – S6	21 – 100.00%	* - 19.05%	* - 14.29%	* - 0.00%	* - 23.81%	* - 4.76%	* - 0.00%	* - 4.76%	10 – 47.62%	* - 38.10%	* - 28.57%	

* where numbers are under 10 the data has been suppressed. Cohort figures have been removed to avoid calculating the actual figures

From 2014 to 2015 there has been a reduction in qualification achieved by Looked After Children. Education led a working group supported by CELSIS to create new guidance to support schools. The new results in August 2016 show significant improvement in number obtaining 5+ SCQF level 3 and a qualification in English with 70 % obtaining an English qualification, the details will be discussed at the next Corporate Parenting Board.

6.3 Fostering and Permanence

Argyll and Bute’s standard for Fostering and Adoption are based on the National Care Standard. External inspection of fostering services shows that the service continues to provide very good or good quality of care and support to foster and adoptive carers. The outcomes for children and young people in receipt of foster care has improved are now very good.

During 2015, Scottish Government amended the Adoption and Children (Scotland) Act 2007 which details regulations for fostering. The amendment include: a limit on the number of unrelated children who can be placed with carers, standardising placement descriptors, introduced a learning framework for foster carers; creating a national foster carer database and setting a national minimum rate for fostering allowances and fees. Since December 2015 the limiting of number of children placed with foster carers. The fostering team has had difficulty recruiting despite repeated adverts due to specialised nature of the posts and has required the use of agency staff to support the delivery of the service. The children and

families have been working with Centre for Excellence for Looked After Children in Scotland (CELSIS) to support development of whole service to support all carers.

There are 35 fostering households registered within Argyll and Bute. From the 35 fostering households most are registered to provide respite care with 3 being specifically registered for respite care. The remaining fostering households have 49 children placed either on a temporary or a permanent basis. There is a need to have more carers able to provide short breaks for children with disability.

6.4 Children Placed

The age profile of children and young people placed with foster carers the average age is 3. Traditionally fostering placements are more easily made for babies and young children, Argyll and Bute continue to attempt to recruit foster carers for teenagers.

6.5 Finding a Forever Family

Permanence planning or finding a ‘forever family’ for Looked After Children has been the priority of all children services. Forever families have been found for children unable to stay with birth parents. A tracker has been developed to provide governance, accountability to make sure each step in the journey is completed timeously to ensure the best outcomes for children.

The target to secure a ‘forever family’ within 12 months from the decision that a child cannot go home has only occasionally been met. CELCIS have been working closely with Argyll and Bute to support the improvement required. However there has been over 50% increase in the number of children who have been found forever families. This includes four adopters, 5 permanent carers and 4 kinship carers have been assessed and approved at our Fostering and Adoption Panel this year compared to 5 adopters and 1 permanent carer last year.

6.6 Children’s Houses

Shellach View – Oban, East King Street – Helensburgh and Dunclutha – Dunoon are the three children’s houses in Argyll and Bute providing high quality care and support to young people. External inspection had graded every aspect of care and support in all three houses as very good for a 3rd year. The quality of care is a credit to all the staff within the houses who work tirelessly to support vulnerable young people. Occupancy has been lower in one house to specific circumstance for a young person awaiting court, which brings the overall occupancy to 11.

Children’s House	Total number
Dunclutha	4
East King Street	5
Shellach View	1 resident and 1 bed being held for young person in the early stages of transition home
Total	11

6.7 Throughcare and Alternatives to Care

A small team who work with care leavers or young people at risk of being accommodated in the day, evening and weekends. They provide advice, guidance and support to young people at risk of being accommodated in care and who have moved onto independent living. Under Part 10 of the Children and Young People (Scotland) Act 2014 eligibility to support by young people who have experienced care has increased to a young person's 25th year. Argyll and Bute have a good track record in supporting care leavers and Throughcare currently support 83 young people. The likelihood is that the team will need to continue to expand to meet rising demand for the service caused by higher age bracket.

The team go above and beyond to support vulnerable young people, an example was the delivery of Christmas hampers at Christmas to all young people. The team work evenings, weekends when the need arises to provide high quality support. There are many examples of complex young people in crisis and throughcare team providing wraparound support to ensure young people get their tenancy or remain in their local community.

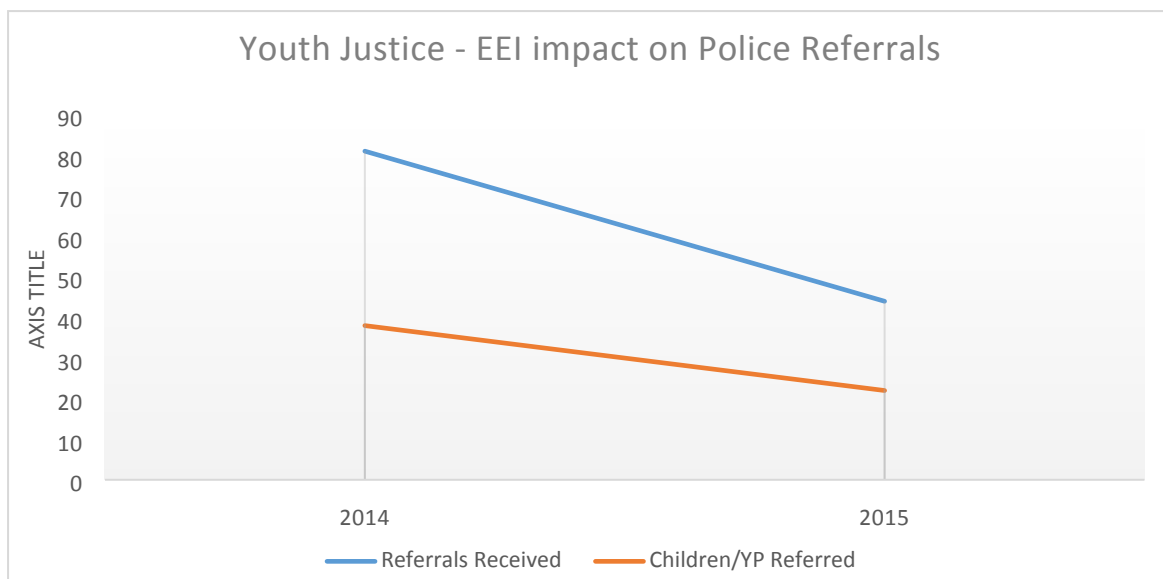
6.8 Services for Children with Disability

Kintyre Network Centre is the only in house provision. It provides good quality support and guidance to 25 young people and their families. External inspection has graded care good. The children's disability support service are provided by different local providers in different models of delivery. Self-directed support has been an opportunity for parents to consider the need of support but adds some risk for small local providers about their financial viability for the future.

Self-Directed support has had a poorer than anticipated uptake within children services there is ongoing dedicated support for self-directed support.

6.9 Youth Justice Service

Youth Justice is delivered by area and criminal justice team. The early screening identification has allowed young people to support early. The process known as Early Effective Intervention has seen all Police referrals for offence and non-offence referral routed to a multi-agency group to be appropriately actioned.



The rate of referral of referrals to SCRA have shown a significant reduction since the implementation of a whole system approach. The referrals for youth offending show an almost 45% reduction. All agencies appear to be moving towards an organisation culture that views offending as a wellbeing issue as well as a law enforcement one.

A good example is the multi-agency screening group, that meets weekly to provide early identification of vulnerable young people and puts support around them to address any issues. This multi-agency response has reduced youth offending across Argyll.

7. Adult Protection: Adult Support and Protection (Scotland) Act 2007

The Act provides the framework for the Adult Protection agenda and came into force in October 2008. During 2006/07 a new set of inter-agency procedures were drafted and approved by the Council, NHS Highland and Strathclyde Police for operational use. This resulted in an extensive programme of training across the agencies noted and the voluntary sector in Argyll.

Changes to the procedures and data collection mean that better information is now available about the outcome of referrals and how many adults are considered at risk of harm etc. The Partnership submits data now to Scottish Government on an annual basis.

There is an ongoing upward trend in adult protection referrals to area team.

Updated data collection methods have resulted in much clearer information being available about those referrals that lead to an adult protection investigation. This has demonstrated the value of referrals from a wide variety of agencies, and in particular the high degree of engagement with our provider services. Detailed reporting and analysis of all aspects of adult protection work is now a key area for discussion at the Adult Protection Committee, with specific measures identified as part of the APC Improvement Plan and associated scorecard. The Adult Protection scorecard is now also available on Pyramid which improves access for our managers and ensures the improvement plan is a live document.

In order to develop a realistic understanding of all aspects of adult support and protection, self-evaluation continues to be a key feature of work undertaken by all those involved in this work. A multi-agency case file audit has been undertaken each year since 2012.

Training on adult support and protection continues to be provided to staff from any agency across Argyll and Bute, including the largest islands. An annual training programme is in place and is publicised via the Argyll and Bute council website.

8. Criminal Justice Services

Our Criminal Justice service comprises a range of activities to support decisions made by the Court, to facilitate completion of community based sentences and the successful reintegration of prisoners following release. The service works with other agencies, both within the Council and beyond, including: Police Scotland, the Scottish Prison Service, NHS Highland and Glasgow and a range of third sector providers. The core function is to provide statutory supervision to the offender via Community Payback Orders and/or post release arrangements, assessment reports to Court and parole boards to assist decision making, and contribute to the Multiagency Public Protection Arrangements (MAPPAs) that manage high risk offenders in the community. The Criminal Justice service is delivered within a partnership with East and West Dunbartonshire Councils. Argyll and Bute’s reconviction rate is lower than the Scottish average and that of the Criminal Justice Partnership.

Reconviction Frequency Rate – 2013/14	
Scotland	28.3
Partnership	27.8
Argyll and Bute	25.6

During 2015/16 MAPPAs arrangements were extended to include certain high risk violent offenders in addition to sex offenders. This year also saw the introduction of new risk management templates that provide an improved framework for recognising early warning signs and contingency planning. During this time MAPPAs was subject to a joint thematic review by the HM Inspectorate of Constabulary in Scotland and the Care Inspectorate (Nov 2015), and whilst a number of national recommendations and areas for development were identified, Inspectors directly observed review meetings and were very positive about the local delivery of MAPPAs in our area. Likewise, a recent quality assurance case file audit of MAPPAs cases this year reflected a positive delivery of risk management in the community.

A theme in recent years across social work and criminal justice is positive outcomes for people and communities. Community Payback through Unpaid Work is a key strategy for criminal justice and provides opportunities for offenders to make amends but also build on skills that will improve choices and encourage positive citizenship. In the past year we have had at least 4 service users directly continue volunteering with organisations that they had been placed with once their order had been completed, and another 3 (that we know of) who have obtained employment directly as a result of gaining new skills or confidence whilst on Unpaid Work.

9. Child Protection

Child protection is delivered through seven area teams working in partnership with Police Scotland, Education, Health, 3rd sector and communities. The Child Protection Committee (CPC) provides robust multiagency leadership, direction, governance, scrutiny, challenge and support to all services.

In 2015/16 the focus has been to continue the improvement journey prioritising identification and improving the quality of assessment to ensure the needs of vulnerable children's timeously.

The CPC delivers leadership through the Child Protection Business Plan, a multiagency plan mapping priorities for all agencies in delivering Child Protection in Argyll and Bute. The success of the plan is measured through performance scorecards developed on the Council's pyramid management information system.

Multiagency Self-Evaluation

Given that registrations were lower than the national trend, the CPC commissioned WithScotland to undertake an independent evaluation. WithScotland are experts within the child protection field. Their evaluation found key strengths in Argyll and Bute and some areas for development. The With Scotland report provided a perspective on what might have changed in the past three years since the Joint Inspection of Children Services.

The review team were impressed with the professionalism and reflectiveness of all staff. The dedication of multi-agency professionals to meet each child's needs was striking. It was clear from focus group discussions that children are at the heart of practice. Families were thought to generally engage well with GIRFEC; for example attending Child's Plan meetings, which suggests that families knew what to expect, felt less threatened and engaged better.

The quality of inter-agency working and communication was a significant feature to emerge from the case file reading, focus groups and follow-up survey, and appeared a conduit for robust safeguarding. The relationships and communication across some areas was more developed than in others, but this was attributed to changes in staff and new relationships being formed rather than barriers to effective communication. WithScotland were particularly impressed by the sense of nurturing and respect staff had for each other across the agencies with supportive senior management.

As yet, there is no national research, which links GIRFEC with safer outcomes for children. It has been suggested that outcomes depend on how well interventions are tailored to match the circumstances and how manageable those circumstances are (Daniel 2015).

It is difficult to capture the complexity of routine interventions and attributing outcomes in the context of external variables, however, the positive culture for multi-agency challenge

and dialogue and Argyll and Bute's ongoing commitment to self-evaluation should provide a solid basis for moving forward.

WithScotland findings suggest that perhaps Argyll and Bute is following the national trend more closely than first thought in terms of child protection activity. The picture is likely to be more complex on whether a decrease in registration is the result of GIRFEC. On one hand, the quality of inter-agency working and communication does appear to result in early intervention for children and families within Argyll and Bute. On the other, the needs and risks for some children may not be fully understood or identified at this earlier stage.

The picture that emerged through discussions with staff and the survey is not always reflected in the case files and through recording systems. It was difficult to determine the effectiveness of GIRFEC in Argyll and Bute as the quality of assessment, use of chronologies outcome focused plans and reviews were variable. WithScotland suggested more robust evaluation measures are needed to determine whether practice is required to measure the success of early intervention. These themes as well as more consistent care planning, are the focus of 2016/17 Child Protection Business Plan.

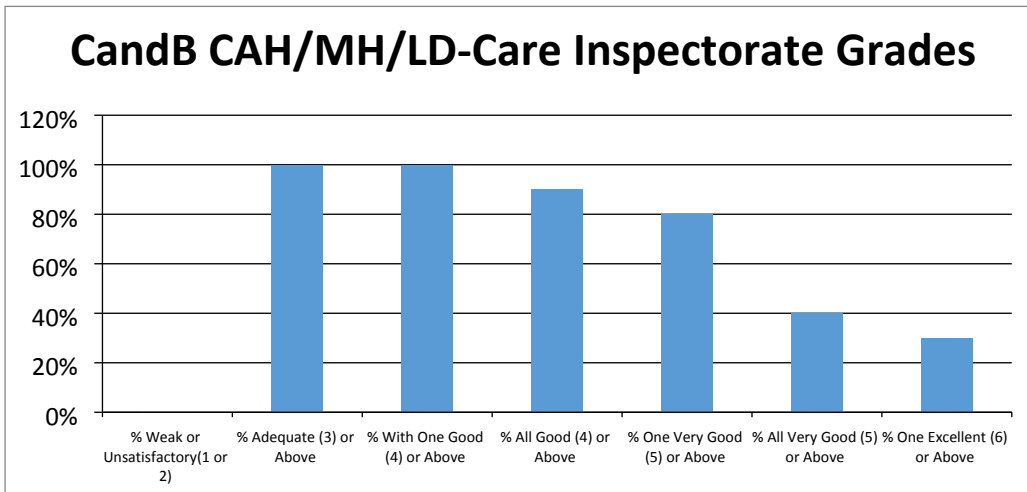
Getting it Right for Every Child (GIRFEC)

Throughout 2015/16, Argyll and Bute Getting it Right Executive group has continued to provide leadership, direction and strategic support to ensure GIRFEC is embedded across all services. The executive group have developed policies, training, learning tools and self-evaluation model to support the implementation of parts 4,5,18 of the Children and Young People Act 2014.

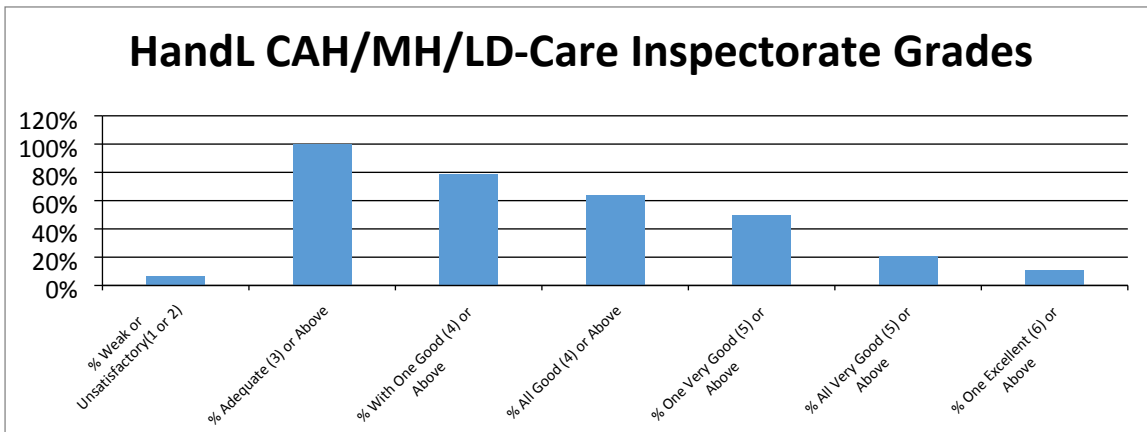
Argyll and Bute is well prepared for the implementation of the Act and across all our agencies a similar assessment tool has been adopted and identical care plans so the vision of "one child, one assessment, one plan" is realised. The self-evaluation model has demonstrated significant improvement in the quality of assessment and improvement required in the quality of care plans.

10. Care Service Inspections

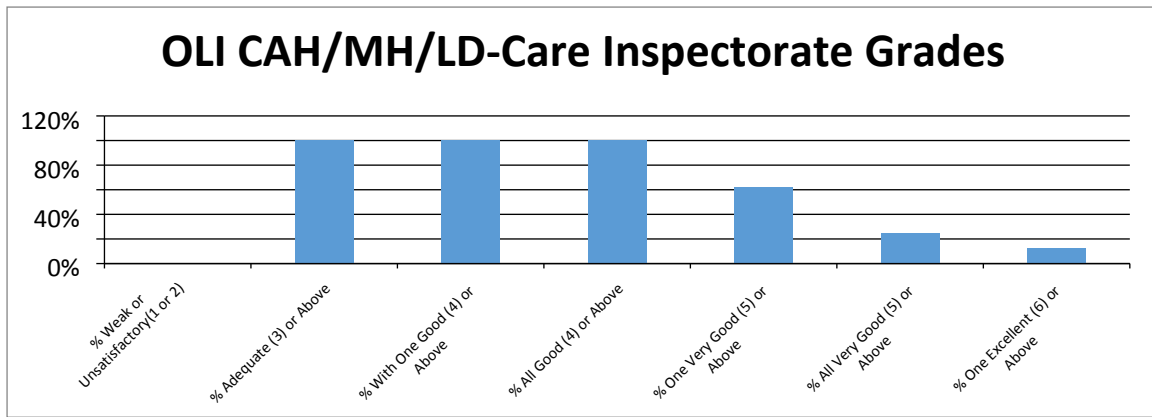
Inspections by Locality



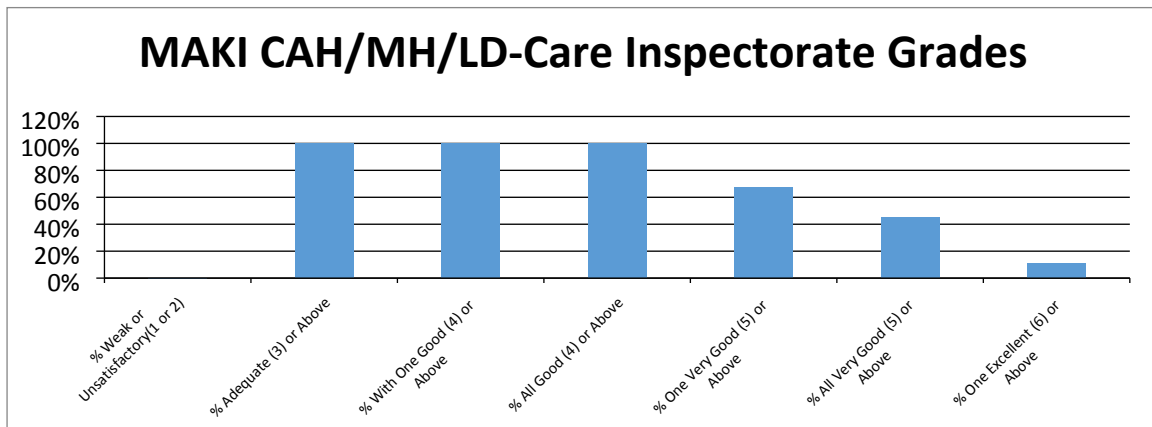
There are currently 10 providers registered in C&B with the care inspectorate for Care at Home, Mental Health and Learning Disability. During the financial year 2015/16 all of these services received a care inspection.



There are currently 14 providers registered in H&L with the care inspectorate for Care at Home, Mental Health and Learning Disability. During the financial year 2015/16 12 of these services received the care inspection. The remaining are likely to be inspected during the current financial year.

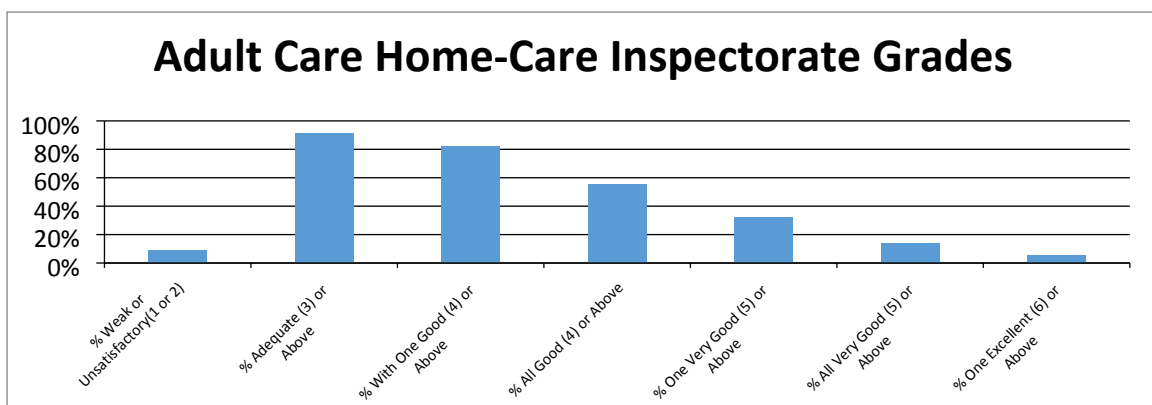


There are currently 8 providers registered in OLI with the care inspectorate for Care at Home, Mental Health and Learning Disability. During the financial year 2015/16 9 of these services received a care inspection with other inspections to be carried out this financial year.



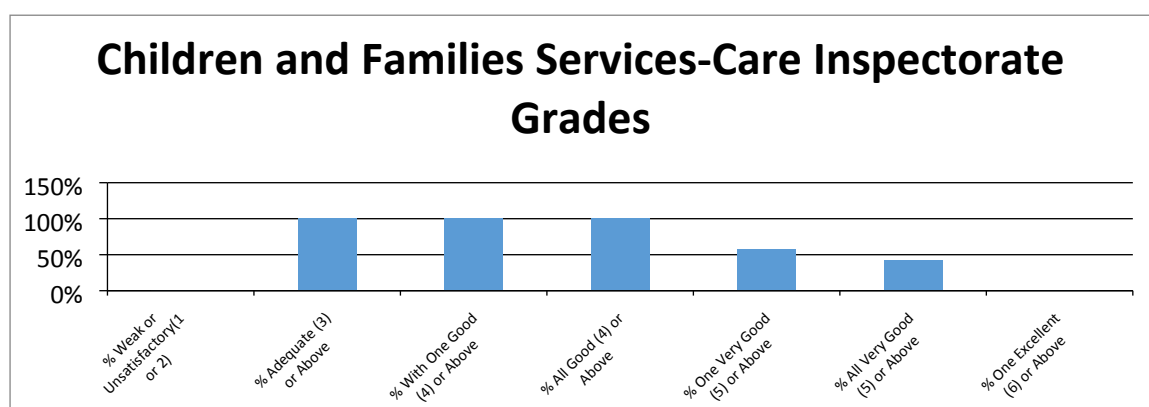
There are currently 9 providers registered in MAKI with the care inspectorate for Care at Home, Mental Health and Learning Disability. 1 of these services is a young person's provider. During the financial year 2015/16 8 of these services received the care inspection. The remaining are likely to be inspected during the current financial year.

Adult Protection – Home Care Inspections



There are currently 22 adult care home services registered with the care inspectorate. 6 of these services are internal; the remaining 16 are external providers. During the financial year 2015/16 24 inspections were carried out on these services. The remaining are likely to be inspected during the current financial year.

Children and Families Inspection



There are currently 7 children and families services registered with the care inspectorate. 3 of these services are internal children's unit's, the remaining 4 are external providers. During the financial year 2015/16 5 of these services received the care inspection. The remaining are likely to be inspected during the current financial year.

11. Health and Social Care Partnership (HSCP) – Moving to Locality Work

Social Work and Health Services have placed significant emphasis on localities and community. As part of the HSCP 3 year strategic plan, 8 locality planning groups have been developed to deliver the HSCP strategic plan at a local level. The design of the integrated management structure supports a move towards a locality based model of delivery. Together services will work with communities to develop more resilient communities. The local planning group began developing across 2015/16 and went live on 1st April 2016.

12. User and Carer Involvement

Our Adult Services actively involve service users and carers in the development of care plans. As part of the Joint Older People inspection over 100 older people and their carers were involved and gave views about the quality of their care. Throughout 2015/16 and alongside the development of HSCP strategic plan we actively sought the views of communities to help develop 6 areas of focus for the next 3 years.

13. Carers

The HSCP are committed to working effectively with our carers' centres across Argyll and Bute. The staff in the centres work very closely with our local teams to ensure a wide range of carers have access to support in their own localities. The main challenge looking forward is how we develop our joint working with the carers network as the new legislative duties and responsibilities of the new Cares Act 2017 come into force next year.

The fostering service organise training and development events for the foster carers which also provide an opportunity to consult directly with our carers. The events are also open to adopters. Child care is arranged for the children and young people (a crèche for the under 5s and outdoor Stramash activities for the older children) to maximise attendance. The

events occur twice yearly with the last two being on the 15th November 2015 and the 19th March 2016. The events are always well attended and well evaluated.

14. Parents Engagement at Meetings

Parent's engagement at child protection conference and within Looked After Children reviews is an area that requires improvement. The returns from questionnaires are low and parents often choose not to have a follow up interview once the processes are concluded. Argyll and Bute have commissioned ChildLine to undertake some follow up activity on social work behalf to ensure families views are being fed into child protection improvement journey.

15. Young People and Children

Children 1st and Who Cares Scotland are advocacy services commissioned by Argyll and Bute Council to support children and young people within the child protection or looked after processes. All children and young people within this process are offered support and advocacy. In addition our Care Assessment and Reviewing Officers, who chair these meetings, ensure children and young people's views are fed into assessments and care planning using different tools. Often Viewpoint, an electronic questionnaire, is used or for older young people the Care Assessment and Reviewing Officer will meet prior to the meeting. In 2015/16, 168 Viewpoint questionnaires were used to support young people to voice their views within both care planning and formal processes.

16. Corporate Parenting

The Corporate Parenting Board oversee and monitor how members of Community Planning discharges duties of corporate parents.

It ensures that Argyll and Bute Council takes its corporate parenting responsibility seriously. Chaired by Councillor Mary-Jean Devon with four Children's Champions - Councillor McAlpine, Councillor Marshall, Councillor Robertson and Councillor Corrie – and their unwavering commitment and drive ensures that all partners are working together to make a difference in the lives of looked after children and care leavers.

During 2015/16 the Board has supported many initiatives and has had numerous successes:

- Successful in attracting £220,000 additional funding from Like Chances Trust to support greater participation by young people
- Securing support and consultation to build a new Children's Unit in Dunoon
- Governance for outcomes for looked after children including improvements in permanence (Forever Families) and employment opportunities
- High Quality Care – very good inspection results across the board

17. Key Challenges for the Year Ahead

17.1 Health and Social Care

The implementation of Health and Social Care Partnership (HSCP) brings unique opportunities and challenges. Councils have statutory responsibility for Social Work and HSCP deliver this on the Council's behalf. The changes in governance structure will be challenging for Officers, Elected Members as the new structure becomes embedded. In the future as the locality groups develop these groups will be central to redesigning services to meet the needs of local communities. The continued move towards reshaping our model of care will involve a number of service redesign projects as we meet the challenge of demographic changes. Our new three year strategic plan for health and social care outlines our six key areas of focus.

17.2 Adult Care

Residential Provision

The re-provision of the Council care homes, whether it is in-house or in partnership with independent providers and/or Housing Associations will require ongoing engagement with the political membership of the Council and the local communities as we develop alternative models of care.

Delayed Discharge

Whilst we have been successful in managing Delayed Discharges, the review of national target from 4 weeks to 2 weeks in April 2015 represented a huge challenge for all partnerships across Scotland. With the national target shifting to 72 hours from April 2016, the focus for the partnership has been to ensure people are able to go home with appropriate support to live at home safely.

Adult Protection

Adult Protection work continues to grow and increasingly creates capacity issues in our ability to respond to the high number of initial referrals from the Police. The Adult Protection Committee are focusing this year on issues relating to financial harm and facilitated a conference in Argyll and Bute to consider the complexities of financial abuse in day to day practice.

Autism

Implementation of the Strategy for Autism across health and social care services is currently under review with a new more representative Autism strategy group actively working with Autism Network Scotland to develop an implementation plan centred on the four new national outcomes for Autism. It is expected the Autism group will have the implementation

plan completed by the end of August 2016. This plan will set the direction of travel for the next five years and identify key actions with timescales built into the implementation plan.

Criminal Justice

The planned organisational changes within Criminal Justice mean that although implementation will not happen until 2017, Community Planning Partnership will have duties for delivering Criminal Justice Services. The funding for Criminal Justice Service and the delivery model will be developed throughout 2016/17

Corporate Parenting

In line with the Children and Young People's (Scotland) Act 2014, we continue to promote the wellbeing of looked after children and care leavers. The Corporate Parenting Board and Argyll and Bute Council's challenges in supporting looked after children are:

- Improving LAC attainment
- Supporting those aged between 16 and 25 years within the new Act with financial restraints and redesign will be required to meet increasing demand within a reduced financial envelope.

Getting It Right For Every Child (GIRFEC)

The GIRFEC framework for supporting whole families to support a child is fully embedded in Argyll and Bute however the new responsibilities within the Children and Young People's Act will need strong leadership and partnership with Education to ensure its continued success

Child Protection

All services work together to ensure our children are safe, however we know that the world is changing with new technical knowledge and social media having changed how children and young people engage with the wider world. In 2016/17 the Child Protection Committee will focus on children at risk of sexual exploitation and internet safety in addition to the core business of identifying, assessing and planning. There needs to be a focus on self-evaluation to ensure the improvement journey we have undertaken maintains the improvement.

18. Feedback on our Services

The Commissioning Team supports the evaluation of services through seeking the views of those who use the service. While the returns on questionnaires are limited the following was found

18.1 Care at Home

Whilst we have been active in re-designing older people's services we will need to continue to do so in order to prepare for the pressures of demographic change and the continued

public expectation for improvement in services and care at home. Our ability to recruit staff into home care services in particular presents a significant challenge for the Council and those providers we commission from.

83% of service users felt care workers completed all tasks required during visits.
97% of service users felt they were treated with dignity and respect at all times.

18.2 Care Home

The high level of customer satisfaction in relation to care home provision across Argyll & Bute is listed below:

97% of service users are happy with how well staff do their jobs.
95% of service users agree that their rights to a private life within the home are respected
99% of service users agree that staff are polite and friendly.
98% of service users agree that staff are sensitive to their needs.

19. Journey of Improvement

The Health and Social Care Partnership is an opportunity for the HSCP to bring together the Highland Quality Approach and Performance Improvement Model (PIM). HQA supports improvement methodology to support change, reduces duplication and support LEAN working. While the PIM model is used by the Care Inspectorate Scotland to evaluate how effective services are delivering improved outcomes for older people, children and families.

Children and families have supported national collaborative's such as the Early Years Collaborative. Improvement methodology through Plan, Do, Study, Act (PDSA) cycle have been introduced in early years and rolled out to social work service. Starting small, collecting data, testing changes has become part of the self-evaluation and improvement tools used across children's services.

20. Forever Families

Argyll and Bute are participating in a research study with Stirling University and British Adoption and Fostering. The study follows a group of children across 16 local authorities to look at how processes have worked to find vulnerable children forever families. Centre of Excellence for Looked after Children (CELIS) have been working with staff in Argyll and Bute. Providing training, individual support and mentoring, this has improved the staff confidence. More confident staff coupled with more robust monitoring has improved how we support children to find their forever families.

21. Inspection of Older People Services

An inspection of older peoples services was completed in 2015 and the partnership are now working on a series of improvement actions to address eleven recommendations made by the Care Inspectorate and Health Care Improvement Scotland. Our progress will be monitored by our Link Inspector during the next 3 years. We achieved seven 'adequate'

and two ‘good’ grades. This gives the Health and Social Care Partnership a solid foundation to build on as we move forward.

22. Workforce Planning and Development

Workforce planning is delivered by the Social Work Training Board. The board funds and supports social care to undertake the necessary qualifications to maintain their registration with the regulatory body, the Scottish Social Service Council (SSSC).

The training board, CPC, APC and Council provide support to ensure staff feel confident and competent to undertake their statutory duties. In 2015/2016 over 80 courses were offered and there was social work attendance for 1037 days. Post Registration Training (PRTC) is a required of registration with the SSSC. These courses are developed as a direct consequence of identified learning through Professional Review Development and statutory requirements placed on the council and social care. Last year Adult Care completed 82% of PRD’s and Children and Families 85%.

12 employees have completed the Argyll and Bute manager award with a further 18 currently undertaking the award. In addition staff can access e-learning through LEON (Learning Electronically Online) system.

Professional qualifications undertaken to support registration include:

SVQ3 Social Services (children and young people)	6
SVQ4 Social Services (children and young people)	3
K101/DD102 Open University Foundation	7
OU BA(hons) Social Work Scotland	3
Certification in Adult Services, Support and Protection	1
Mental Health Award	2

23. Argyll and Bute Grow our Own Scheme

Within Argyll and Bute there is difficulty recruiting social workers, it is for this reason that a “grow our own” scheme was developed. Each year council sponsor two applicants to undertake the degree in social work. In addition to University teaching, the course includes two 100 day compulsory social work placement which require staff to be absent from their present post during placement. One of the placements is external to Argyll and Bute. The “grow our own” scheme is an opportunity for Argyll and Bute to support talented individuals to undertake their social work qualification.

24. Modern Apprentices in Health and Social Care

The Argyll and Bute Council Modern Apprenticeship Programme offers young people aged between 16-19 years the opportunity to develop both their vocational and personal skills in a working environment.

Within our multi-disciplinary social work team, we recognised a new opportunity for a

Modern Apprentice (MA) in health and social care. Across social work four young people have been offered modern apprenticeships.

25. Example Good Practice

25.1 Unpaid Work

Our work squads have continued to support community gardening projects working alongside other volunteer groups and our Scheme Manager has been invited to meet the Princess Royal to discuss our work, when she visits Lochgilphead in September, in recognition of the work we have undertaken at the Mid Argyll Swimming Pool.

25.1 Good Practice – Cowal and Bute – Extended Community Team

Occupation, Physiotherapy, social work, community nurses working together to support people in the community. Working to support older people in their own home. Using regular virtual wards, meeting to ensure they understand the needs of the service user and planning for people leaving hospital. Supports improvement in delay discharge and support in the community.

25.2 Case Study 1 - Self-directed Support

59 year old female, lives alone in a top floor flat and has multiple health concerns including Chorea, an abnormal involuntary movement disorder, one of a group of neurological disorders; Graves disease, an auto-immune disease which affects the thyroid, frequently causing it to become overactive, with related hyperthyroid symptoms such as increased heartbeat, muscle weakness, disturbed sleep, and irritability. Client has also suffered from depression and anxiety.

The supported person was assessed as requiring care at home to maintain living in the community. At the time of assessment the supported person was given details on the 4 options available under Self Directed Support. She discussed these options with the Self Directed Support Officer and the Care Manager and felt that she was not capable of becoming an employer under Option 1 (Direct Payments) as she did not have the confidence or drive and was exhausted. She opted for an Option 3 (arranged services). However within 3 months, the supported person contacted her Care Manager and explained that the service she was receiving was not suitable for her and that it was not meeting all of her outcomes - she was becoming more anxious because she did not know if the care staff would show. She did however manage to get out of her house with support from the carers and a voluntary organisation plus had attended some groups and workshops. By attending the workshops, the supported person felt she was becoming more educated and she was able to meet people in a similar situation to herself.

The supported person studied the 4 options and decided that she would like to hire her own personal assistants. The Self Directed Support Officer met with her again and started a step by step plan on what she needed to arrange in order to become an employer through an option 1.

Since choosing option 1, the supported person has become more confident in herself, and felt empowered and in control of her care. She is now achieving her goals and outcomes with the support of her Personal Assistants and is striving to be more independent. She is now able to travel with the support of her Personal Assistants and is making her hospital appointments, getting her own shopping and has visited her family. The supported person still requires assistance with her personal care and meal preparation but she is able now to do more for herself.

Working closely with the supported person and being honest and open about her ability to make her own choices has empowered the supported person to achieve the goals and outcome set out on her support plan.

Main Benefits and Impacts

At the time of assessment the supported person's mental and physical health was on the decline. She was isolated in her home and did not have the opportunity or confidence in being part of her outside community. She was missing important hospital appointments and was becoming increasingly anxious and down in her mood.

The timeframe that was worked towards made a considerable difference to the supported person's critical health. It would appear that there was a window of time to enable the supported person to be a more confident individual and have the confidence to maintain her own life and continue to be part of the community.

The timeframe and multiple visits to the supported person enhanced her control of her life. We encouraged a multidisciplinary approach with the involvement of health professionals, the care provider, voluntary sector and social care.

Communication between sectors and the supported person would appear to have a beneficial impact for the supported person as she learned how to speak out, be involved and be in control.

Case Study 2 – Self-directed Support

A 24 year old man with Cerebral Palsy lived with his mother (mother & father are divorced). He spent occasional weekends with his father and was supported by both parents. The young man came to the decision that he would like to start being more independent of his parents so, with support from his allocated care manager, he secured an adapted flat which he has now moved into.

The supported person is mainly self-sufficient in his wheel chair although he does require support when out in the community with assistance to get to and from appointments. He may also require personal care at times.

He still receives some ongoing support from his care manager to build confidence and ensure that all aspects of him being independent are covered i.e. paying bills, shopping,

appointments, etc. Mum lives close by and can be there when needed, however, the young man has explained that he wants to do these things for himself to meet his goals and agreed outcomes.

Through Self-directed Support and the four options available, the Self-directed Support Officer and Care Manager discussed with him how he would like to be supported to live independently. He decided to go for an Option 1 - Direct Payments because he can use the Personal Assistant flexibly. He also wanted to be in control of who was going to support him and this was very important to him. With support from a voluntary service, he has hired a Personal Assistant who is a man with years of personal care and support experience and also has similar interests.

The young man has now become empowered to take risks whilst embracing new challenges that he would not have taken when living at home. His confidence has increased and he is socialising with other people of his own age. He is managing his Direct Payment with assistance from mum and a payroll agency. However he has incredible IT skills and can manage most of the payroll details himself either online or via email as he prefers to communicate this way as at times he can struggle verbally.

Feedback from Service Users

“Three years ago, a fifteen year old stands in a social work office to be told they are being put into residential care. 50 miles away from her family and friends and all the other things that make up her life and she sees no future. Three years later an eighteen year old stands in a social work office discussing plans for moving to University, away from her family and friends but this time the prospect isn't so scary.”

“Meeting other carers, supporting and sharing is fabulous” – Foster Carer March 2016

“I want to go home to stay with my parents but my social worker has helped me to understand the risks at home” – Young person

“The new handbook for foster carers is a good tool” – March 2016

“Satisfied at the moment so long as nothing changes. It provides me with help in the social aspects ie independent living.” – (Adult Supported Living)

“The boys that support my son are very good with him but as his mother and XX get 24/7 support and I will always make sure his needs are met, I am lucky”. – (Adult Supported Living)

“My mum is very much loved and cared for in X. Wonderful staff from the office care, kitchen, laundry and domestic and I am kept informed of everything and any worries or concerns I may have are dealt with immediately. Wonderful place, couldn't give them enough praise.” (Care at Home)

“All the staff are absolutely fantastic and are a credit to the council. Thank them all!”

“My mother has severe dementia and is looked after very well, she is always clean and well dressed and seems content in her own little world.” (Care at Home)

“I feel that my mum gets treated well at X and as I have said they do their best to include my mum, they contact myself if there is anything to discuss.” (Care at Home)

“My mum has very recently come to live with me following discharge from hospital. X Homecare have been excellent in this period of transition and the carers have been sensitive to both my mum’s increased needs and also my own as her closest family.” (Care at Home)

“The support staff are extremely good at helping with washing and dressing. They are always cheery and happy to prompt with my medicines and are also flexible when I have appointments. I couldn’t fault the quality of service but the timings could be improved and I haven’t been involved in group/community activities.” (Care at Home)

“Regular carers are needed and the good ones are taken advantage of. When they change carer they should come as a pair to introduce the new person and not leave this person to find out where the house is and who the person in need of care is also.” (Care at Home)

Psychology of Parenting

A pilot for the Scottish Government have ran parenting support groups in all 8 localities in Argyll and Bute. Training staff and supporting parents to undertake a structured parenting programme with incredible feedback from parents. Here is some feedback:

During the session. “OMG this is so helpful, no one told me about parenting stuff. All I knew was what the midwives told me, nothing after that (Big proud smile!)”

“Since I’ve done the PoPP parenting classes, I can’t help but notice other parents doing it wrong (struggling). I want to give them advice but then I remember what it was like for me. I do share what I have learned with my friends and they appreciate my advice “

Feedback from other psychology parenting groups

“It gave me something to look forward to. It became part of my routine.”

“By the end of the first session, I can mind thinking “I need this”. I wasn't getting judged.”

“It was relaxed, you can have tea and coffee, it is very friendly.”

“I loved it. I wished it was longer.”

Changes parents/carers noticed:

“Better behaviour, more fun, better relationship, not so stressful.”

“Look at it from the child’s point of view”

“I am a lot calmer now...I don’t shout now.”

“He is more relaxed because I am more relaxed.”

“I have a lot more patience. I know how to deal with things.”

“It is good to wake up to happy kids, put happy kids to bed, and fill your day with happy kids.”

Glossary

ADP Alcohol & Drug Partnership
ADDACTION
APC Adult Protection Committee
ASIST Applied Suicide Intervention Skills Training
BAAF British Association for Adoption and Fostering
CAMH Children and Adolescent Mental Health
CELIS Centre Excellence Looked Institute
CJA Criminal Justice Authority
CMHT Community Mental Health Team
COPPG Chief Officer Public Protection Group
CPO Child Protection Order
CPCC Child Protection Case Conference
CPP Community Planning Partnerships
CPR Child Protection Registration
CSC Community Service Committee
CSE Child Sexual Exploitation
DD – Delayed Discharges
DP – Direct Payments
EEI Early Effective Intervention
EYC – Early Years Collaborative
H&SCP Health and Social Care Integration
HMP Her Majesty’s Prison
HNC Higher National Certificate
IJB Integrated Joint Board
ILG Independent Living Group
IRF Integrated Resource Framework
IRISS Institute for Research and Innovation in Social Services
LAC Looked After Children
MA Modern Apprentice
MAPPA Multi Agency Public Protection Arrangements
MHO Mental Health Officer
NES
NHS National Health Service
NRS
PSC Performance Scrutiny Committee
PRTL Post Registration Training and Learning
PRD – Professional Review Development
POP Psychology of Parenting
SCRA Scottish Children’s Reporter Administration
SIMD Scottish Index of Multiple Deprivation
SDS Self Directed Support
SLA Service Level Agreement
SQA Scottish Qualifications Authority
SSSC Scottish Social Services Council
SSE Scottish and Southern Energy
SVQ Scottish Vocational Qualification